

**CITY OF MADISON RECREATION DEPARTMENT
REGISTRATION FOR MEMBERSHIP**

Recreation or Tennis	Recreation & Tennis Joint Membership	Additional Members	Individual or Family (I/F) Resident or Non Resident (R/N)
3 Months ____	3 Months ____	3 Months ____	3 Months ____
6 Months ____	6 Months ____	6 Months ____	6 Months ____
12 Months ____	12 Months ____	12 Months ____	12 Months ____

Primary Member _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Emergency Phone _____ Cell Phone _____

Secondary Member _____

Work Phone _____ Emergency Phone _____

Additional Member _____ DOB _____

_____ DOB _____

_____ DOB _____

_____ DOB _____

_____ DOB _____

_____ DOB _____

_____ DOB _____

Medical History / Allergies, Medical Conditions, etc. (Optional)

Additional Comments _____

Primary Member Signature _____ Date _____

Recreation Staff Member _____ Date _____

****Refunds on Memberships are subject to approval and will be prorated****